To,

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Sub: To urgently roll out 3HP as a National Strategy for TB prevention among PLHIV, HHCs, and other Risk Individuals.

Dear Shri Alok Sexena, Dr. Sudarshan Mandal and all

Greetings once again

While we still await a response to the letters sent earlier in line with the subject cited above, I am reaching out to further pursue the need to urgently roll out 3HP as a national program based on the "guidelines for Programmatic Management of Tuberculosis Preventive Treatment in India 2021". This includes People living with HIV (adults and children >12 months), Infants <12 months in contact with active TB, HHC below 5 years of pulmonary TB patients, HHC 5 years and above of pulmonary TB patients, and other risk groups expansion that includes children/adult on immunosuppressive therapy, silicosis, anti-TNF treatment, dialysis, transplantation.

Significant evidence for 3HP has been generated through clinical trials for both HIV-positive and negative individuals, with a better treatment retention rate of 95% among PLHIV, Adults, and Children. Based on this, the aforementioned guideline recommends 3HP for such individuals in India.

ARK Foundation, Nagaland had also generated significant data among PLHIV through a CLM process in 5 states Viz Nagaland, Manipur, Mizoram, Meghalaya, and Sikkim. It clearly spelled

out the preference for 3HP as compared to 6H in these five states. The CLM exercise was conducted from December 2021- April 2022 and engaged 207 Adult PLHIV respondents of which 77% of the respondents had not heard of LTBI. However, the knowledge about TPT appeared to be more, with 50.2% of the responses indicating that they had heard of TPT. It is interesting to note that 55.6% of the respondents had not taken IPT (the only TPT available in these states). Of those who took IPT, 21.1% were reluctant to take it. The volunteers noted that those who may have collected the IPT may not have actually taken it. Of those who had not taken TPT, 70.9% noted that they did not take TPT because they were not informed about it. 7% of the respondents noted that they did not take TPT fearing side effects. About 5% of the respondents reportedly did not take TPT due to the distance factors, where TPT was available.

The CLM enquired whether the reluctancy was on account of pill burden, fear of INH resistance, fear of side effects, non-friendly environment, or fear of identity exposure. To this, 23.7% of the respondents noted reluctancy in taking TPT due to concerns around pill burden. 18.4% of respondents reported reluctance to take TPT due to fear of side effects. 13.2% of the respondents feared INH resistance. On the other hand, 7.9% of the respondents were reluctant to take TPT due to the non-friendly environment and fear of exposure of their identities.

An interesting aspect that came out from the CLM was that 62% of the respondents were not screened by the 4S method before initiating them on TPT. It is also pertinent to note that 66.1% of the respondents did not receive counseling pre or post-administration of TPT. However, in terms of availing TPT from Anti-Retroviral Treatment (ART) Centers, 53.6% of respondents felt that ART centers provided a conducive environment for availing TPT.

The data on knowledge and advocacy on TB appeared to be grim. 87% of the respondents noted that they had not attended any meetings or workshops on TB. Therefore, it didn't come as a surprise when 88.9% of the respondents noted that they had not heard of the 3HP regimen.

73.4% of respondents believed that treatment literacy is required on the issue and that they would attend meetings and training on the issue if made available. 88.9% of the respondents agreed that the PLHIV community needs more advocacy and training on TB and preventive treatment. Further, 80.2% of the respondents agreed that PLHIV should get treated with TPT through state or national programs.

The above data explicitly highlight the urgent need for a better TPT in the form of 3HP among the PLHIV Community.

TPT is an important strategy towards achieving the UN HLM on TB political declaration, which has committed to preventing active TB among the High and other risk groups targeting 30 Million people by 2022. Accordingly, India has set a target of reaching out to 2,252,910 by 2022. While the apprehension still lies as to whether this national target can be achieved by a lone IPT option, it becomes imperative to keep up with the evolving scientific research and WHO's recommendation to start rolling out the newer short-course TPT options in the form of 3HP across India. As such, we urge the Indian Government to:

1) Introduce 3HP into the existing HIV and TB Treatment Centres and make use of support from donors—including PEPFAR/USCDC, India and the Global Fund—to procure 3HP for TPT as an essential part of TB/HIV clinical care.

2) Ensure treatment literacy on TPT (3HP) with the rationale to prevent active TB and co-infection-related deaths are carried out under the IEC division of NACO and CTD. This will help to generate demand for 3HP thereby scaling up the 3HP uptake among the high-risk and other risk groups.

3) Include the provision of VB6 through a national central procurement and supply system by not putting the onus on the states/UTs. This will result in an uninterrupted supply of the Vitamin that will ensure minimizing the side effects of neuropathy disorder among individuals on Isoniazid-containing TPT regimens.

4) Incorporate robust community involvement by acknowledging the important role the community can play in supporting and scaling up TPT in India.

We hope this letter is taken with due importance.

Respectfully submitted by:

ARK Foundation, Nagaland on behalf of,

1) ActionTBIndia
2) Coalition of Women Living with HIV and AIDS (COWLHA), Malawi
3) Community Network for Empowerment, (CoNE), Manipur, India
4) ICHANGE,Abidjan, Côte d' Ivoire
5) Mizoram State Network of Positive People (MiSNoPP), Mizoram, India
6) Network of Naga People Living with HIV and AIDS (NNP+), Nagaland, India
7) Pamoja TB Group, Kenya
8) Sankalp Rehabilitation Trust, Mumbai, India
9) Sikkim Drug Users' Forum (SDUF), Sikkim, India
10) Treatment Action Group (TAG), New York, USA.